

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 45—Division of Mental Retardation and Developmental Disabilities
Chapter 2—Eligibility for Services

PROPOSED RULE

9 CSR 45-2.017 Utilization Review Process

PURPOSE: The purpose of this rule is to formally establish a statewide utilization review process to: ensure individuals eligible for division services with similar needs are treated consistently and fairly throughout the state; ensure each individual's annual plan accurately reflects the individual's needs; ensure levels of service are defined and documented within the outcomes of each individual's plan; ensure each individual's plan meets all local, state, and federal requirements; and ensure accountability of Public Funds.

(1) The Utilization Review Committee (URC) – In Home and Residential Services and Supports. Each regional center will appoint a core committee.

(A) The committee shall meet a minimum of once per week.

(B) The committee shall review the following personal plans:

- 1 All initial plans/budgets with funds;
2. Amended plans that raise the dollar amounts;
3. Plans that add new services; and
4. Plans at the discretion of the local URC.

(C) Other personal plan reviews will continue to be completed by the service coordinator and/or service coordination supervisor, as directed by the regional center director.

(2) If the URC recommends approval of the plan as written, the committee chairperson will sign off and forward to the center director or designee for final action.

(3) If the URC determines a plan/budget cannot be recommended for approval, or finds it necessary to make any change in the budget/service authorization associated with a plan, then the URC will provide notice to the service coordinator, consumer, and provider agencies in the following manner.

(A) The URC will send written notification to the service coordinator within three (3) working days.

(B) The notification will identify the changes made, reasons for non-approval and/or action necessary to obtain URC recommendation for approval.

(C) The service coordinator shall respond to the URC or director designee within ten (10) working days of the review date.

(4) Any time the URC returns a plan/budget to the service coordinator for further action, or when the URC recommends any change in a budget/service authorization, the URC will send notice to the consumer and providers affected by the change within three (3) working days of the review decision. This notice may be sent by fax or mail, informing the provider and consumer of the changes made, or need for further action. The consumer and provider shall contact the service coordinator to respond with corrective action.

(5) Upon action by the regional center director (or designee) to approve/disapprove a plan, a copy of the plan and the URC recommendations will be faxed to the provider(s) and the service coordinator will immediately notify the family. The recommendations will then be mailed to the consumer/family/guardian, in an attachment to a letter from the director or designee stating his/her final decision.

(6) No new services/supports will begin before the budget is approved through the URC.

(7) Utilization review levels for budgets are determined by the total cost of all services/supports paid through billing system of the Department of Mental Health (DMH)—including DMH funds, SB40 waiver and non-waiver match, and Medicaid Waiver match dollars. “Family”, “Community Partner” and “Other System” dollars are not included.

(8) Once a budget is approved via the established utilization review/approval process, any request for additional funds must be added to the approved budget (the total cost of all services/supports—including DMH, SB40 waiver and non-waiver match, and Medicaid Waiver match dollars) to determine the new utilization review level. The additional request may not be considered in isolation of other services/supports the individual and family is receiving.

(9) A review of a single service should not delay the implementation of other services in the plan.

(10) Prioritization of Need for Services/Support

(A) The URC will consider a service /support for inclusion on a prioritized waiting list if the service support meets each of the following criteria:

1. It is identified as a need in a person-centered plan;
2. It is specifically related to the person’s disability (i.e. not something that would be needed regardless of the person’s disability); and
3. It is unavailable through natural support systems or other funding sources.

(B) Prioritization of need reviews must be conducted and evaluated by the URC according to the format and guidelines depicted on the department’s form entitled “Prioritization of Need for Services/Supports” which is incorporated by reference and available to the public from the Department of Mental Health, Division of Mental Retardation and Developmental Disabilities, P.O. Box 687, Jefferson City, MO 65102.

(11) Review/Approval Levels. This section applies only to In Home Supports and Services.

(A) When multiple family members are receiving division services, this shall be noted. All of the budgets shall be considered together in the UR process in order to have a comprehensive picture of all services/supports going into a single home so the necessary level of services can be determined. This does not require each family member’s plan be on the same plan year, but does require all of the current supports in the home be considered.

(B) Applicable Medicaid State Plan services must be accessed first when the person is Medicaid eligible and the services will meet the person’s needs.

(C) If the decision of the regional center director results in the denial, reduction, or termination of a specific service, then the person must –

1. Be informed in writing at least ten (10) days in advance of the adverse action;
2. Be given the reason for the action; and
3. Be given information on his/her rights to appeal the decision of the regional center director.

(12) Utilization Review Timeline

(A) Plan Development: Two (2) months prior to plan implementation, the service coordinator/agency shall meet with the individual/family to prepare a plan with justification for the individual's support needs. The initial plan shall be agreed to and signed by the individual/family and the service coordinator. A copy of the plan shall be given to the individual/family at the time of signing. If plan submission would be unreasonably delayed because the individual/family is not readily available for signature, the service coordinator may annotate his/her efforts to obtain the signature on the plan and submit it without the signature. However, a copy of the plan will be mailed to the family by registered mail, before submission.

(B) Plan Submission: One (1) month prior to plan implementation, the service coordinator shall submit the signed plan to the URC.

(C) Utilization Review: The URC must review the plan within six (6) working days of receipt. If the URC needs more information in order to make a recommendation information shall be requested from the service coordinator and the service coordinator has three (3) days to respond. The URC shall make a recommendation to the regional center director no later than six (6) days after receipt of all needed information.

(D) Decision of the regional center director: The regional center director or their designee shall approve or reject the recommendation within five (5) working days of receipt of the URC recommendation.

(E) Notification: The individual/family and agency will be notified in writing of the final decision of the regional center director at least two (2) weeks in advance service implementation. If, at any level of the utilization review process, an adverse action is recommended, the individual/family shall be –

1. Informed in writing at least ten (10) days in advance of the adverse action;
2. Given the reason for the action in writing; and
3. Given written information on his/her appeal rights.

(F) Services may not be denied, terminated or reduced for Medicaid Home and Community Based Waiver participants based solely on lack of regional center funds.

AUTHORITY: section 630.050 RSMo 2003. Emergency rule filed November 12, 2004, effective November 23, 2004, expires May 22, 2005. Original rule filed November 12, 2004.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission by writing to Kay Green, Deputy Division Director – Federal Programs, Division of Mental Retardation and Developmental Disabilities, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received

*within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*